STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	INITIAL COMMENTS STATE LICENSING SURVEY This state hospital licensing survey was conducted at Cascade Behavioral Hospital on 9/1/2015 - 9/3/2015 by Rosie Tillotson, RN, MSN, Alex Giel, REHS, PHA and Joyce Williams, RN as an orientee. ASE# G41H11	L 000	1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies. 2. Each plan of correction statement must include the following: The regulation number and/or the tag number; HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and WHEN the correction will be completed. 3. Your PLAN OF CORRECTION must be returned within 10 business days from the date you receive the Statement of Deficiencies. Your Plan of Correction is due on 10/6/2015. 4. Return the original report with the required signatures.	
L 415	322-035.2 P&P-ANNUAL REVIEW WAC 246-322-035 Policies and Procedures. (2) The licensee shall review and update the policies and procedures annually or more often as needed. This RULE: is not met as evidenced by: Based on interview and review of hospital policies and procedures, the hospital failed to review and update patient care policies and procedures on an annual basis as required.	L 415		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 10/5/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 415	Continued From Page 1 Findings: 1. After reviewing hospital's policies and procedures on 9/3/2015, Surveyor #3 found 20 patient care policies marked with an approval date 12/2013. 2. On 9/3/2015 at 8:35 AM, an interview with the hospital's Director of Nursing (Staff Member #4) and Surveyor #3 confirmed that hospital's policies and procedures were overdue for annual review.	L 415		
L 575	322-050.6G ORIENTATION-PATIENT RIGHTS WAC 246-322-050 Staff. The licensee shall: (6) Provide and document orientation and appropriate training for all staff, including: (g) Patient rights according to chapters 71.05 RCW and 71.34 RCW and patient abuse; This RULE: is not met as evidenced by: Based on personnel record review, the hospital failed to provide and document appropriate training for all staff regarding patient rights as required. Findings: On 9/2/2015 at 3:00 PM after HR record review, Surveyor #1 found that 7 out of 8 staff members did not have documentation regarding patient rights training.	L 575		
L 615	322-050.9A TB-MANTOUX TEST WAC 246-322-050 Staff. The licensee	L 615		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 615	Continued From Page 2 shall: (9) In addition to following WISHA requirements, protect patients from tuberculosis by requiring each staff person to have upon employment or starting service, and each year thereafter during the individual's association with the hospital: (a) A tuberculin skin test by the Mantoux method, unless the staff person: (i) Documents a previous positive Mantoux skin test, which is ten or more millimeters of induration read at forty-eight to seventy-two hours; (ii) Documents meeting the requirements of this subsection within the six months preceding the date of employment; or (iii) Provides a written waiver from the department or authorized local health department stating the Mantoux skin test presents a hazard to the staff person's health; This RULE: is not met as evidenced by: Based on personnel record review the hospital failed to follow Washington Administrative Code requirements that would protect patients from tuberculosis (TB) by requiring each staff person to be screen for TB upon employment or starting service. Reference: MMWR Morbidity and Mortality Weekly Report December 30, 2005 "revised report" page 31 stated in part: "Chest Radiography HCWs with a baseline positive or newly positive TST or BAMT result should receive one chest radiograph to exclude a diagnosis of TB disease (or an interpretable copy within a reasonable time frame, such as 6 months). After this baseline chest radiograph is performed and the result is documented, repeat radiographs are not needed unless symptoms or signs of TB disease develop	L 615		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 615	Continued From Page 3 or a clinician recommends a repeat chest radiograph (39,116). " Findings: After personnel record review on 9/2/2015 at 3:30 PM, Surveyor #1 found that 1 out of 7 staff members were out of compliance with TB screening. A Registered Nurse (Staff Member #13) hired 6/2014 did not provide a chest radiography within 6 months of their hire date.	L 615		
L 675	322-060.1 HIV/AIDS TRAINING WAC 246-322-060 HIV/AIDS Education and Training. The licensee shall: (1) Verify or arrange appropriate education and training of staff within thirty days of employment on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; This RULE: is not met as evidenced by: Based on personnel record review, the hospital failed to provide evidence of appropriate education and training of staff on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) as required. Findings: On 9/2/2015 at 3:00 PM after review of employee records, Surveyor #1 found that 3 out of 8 records	L 675		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 675	Continued From Page 4 were missing documentation for HIV training.	L 675		
L 690	322-100.1A INFECT CONTROL-P&P WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (a) Written policies and procedures describing: (i) Types of surveillance used to monitor rates of nosocomial infections; (ii) Systems to collect and analyze data; and (iii) Activities to prevent and control infections; This RULE: is not met as evidenced by: Based on observation and review of policy and procedures, the hospital failed to ensure staff members performed hand hygiene during medication administration to prevent and control infections. Findings: 1. In review of facility policy titled, "Medication Administration" (Revised 7/1/2014 on page 3 under item II. Q. it stated, "Wash hands prior to administration of any medication." 2. On 9/2/2015 at 10:30 AM Surveyor #2 observed a nurse (Staff Member #11) administer oral medication to Patient #5. The system for medication administration included the nurse taking medication in a cup from the medication room to the patient's room. Staff member (Staff Member #11) did not perform hand hygiene before medication administration and upon leaving Patient #5's room.	L 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 690	Continued From Page 5 Item #2 - Hand Hygiene After Glove Use. Based on observation and review of policy and procedures, the hospital failed to ensure implementation of activities designed to prevent and control infections. Reference: CDC Protocol for Hand Hygiene and Glove use observation (Rev. 11/1/2012) stated in part: "glove use does not preclude the need for hand hygiene after removing gloves." Findings: 1. In review of facility policy titled, "Hand Hygiene" (Rev 12/2013) in procedure D... "Hand hygiene is required regardless of whether gloves are used or changed." 2. On 9/2/2015 at 10:10 AM during a daily clean of patient's room in the detox unit on 3 north, Surveyor #1 observed a housekeeper (Staff Member #6) not peforming hand hygiene between glove changes on 2 separate occasions. This was confirmed by facility plant manager (Staff Member #7). Item #3 - Daily Patient Room Cleaning 1. In review of facility policy titled, "Daily Cleaning of Patient Area" Procedure VII Stated in part: "Wipe the following with Virex 256 disinfectant solution: Door jambs, knobs hinges. . ." 2. On 9/2/2015 at 1:30 PM during a daily clean of a patient room, Surveyor #1 observed a housekeeper (Staff Member #8) missing high	L 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 690	Continued From Page 6 touch areas (patient's door knob) when cleaning the patient's room.	L 690		
L 715	322-100.1E INFECT CONTROL-PROVISIONS WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (f) Provisions for: (i) Providing consultation regarding patient care practices, equipment and supplies which may influence the risk of infection; (ii) Providing consultation regarding appropriate procedures and products for cleaning, disinfecting and sterilizing; (iii) Providing infection control information for orientation and in-service education for staff providing direct patient care; (iv) Making recommendations, consistent with federal, state, and local laws and rules, for methods of safe and sanitary disposal of: (A) Sewage; (B) Solid and liquid wastes; and (C) Infectious wastes including safe management of sharps; This RULE: is not met as evidenced by: Based on observation and interview, the hospital failed to ensure that staff used appropriate disinfectants on non-critical patient care items. Findings: 1. On 9/1/2015 at 1:00 PM during inspection of the medication room on the Detox Unit (3 North)	L 715		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 715	Continued From Page 7 Surveyor #2 noted a red plastic box with a handle on top marked, "Lab Supply Kit." 2. During the above time Surveyor #2 interviewed the Nurse Manager of the Detox Unit (Staff Member #12) about a cleaning schedule for the patient care blood draw supply box. The Manager stated these supplies were used by hospital nursing staff to perform blood draws as needed. S/he stated there was no cleaning schedule for this supply box.	L 715		
L 765	322-100.3D INFECT CONTROL-MEETINGS WAC 246-322-100 Infection Control. The licensee shall: (3) Designate an infection control committee, comprised of the individual or individuals assigned to manage the program and multi-disciplinary representatives from the professional staff, nursing staff and administrative staff, to: (d) Meet at regularly scheduled intervals, at least quarterly; This RULE: is not met as evidenced by: Based on interview and review of hospital documents, the hospital failed to maintain an infection control committee that meets on scheduled intervals, at least quarterly as required. Findings: On 9/2/2015 at 1:10 PM, Surveyor #3 interviewed the hospital's infection control nurse (Staff Member #5) and reviewed the hospital's infection control committee meeting notes. The infection	L 765		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 765	Continued From Page 8 control nurse provided a copy of the last meeting notes dated April 17, 2014. The nurse stated he/she is not aware of a committee meeting since 2014 and is in the process of scheduling a meeting in the future.	L 765		
L 815	322-120.7 MAINTENANCE P&P WAC 246-322-120 Physical Environment. The licensee shall: (7) Implement current, written policies, procedures, and schedules for maintenance and housekeeping functions; This RULE: is not met as evidenced by: Based on observation and record review, the hospital failed to implement policy and procedure that are consistent with manufacturer's instructions for use for equipment. Reference: Follett Ice Dispenser Series Manual stated in part: "the frequency in cleaning and sanitizing ice machine according to the schedule below:" Drain Line - weekly Drain Pan/Drip Pan -weekly Exterior - as needed Condenser - Monthly (air-cooled only) Ice Machine - semi-annually preventative maintenance Transport Tube - semi- annually preventative maintenance Findings: 1. On 9/2/2015 at 3:30 PM, Surveyor #1 interviewed Support Services Manager (Staff	L 815		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 815	Continued From Page 9 Member #7) regarding the preventative maintenance of the ice machines. He/she stated in part, "that the preventative maintenance is done annually on the ice machines." After reviewing the manufacturer's instructions for use, the hospital is not in accordance with the manufacturer's instructions for use in maintaining the ice machines.	L 815		
L1165	322-180.2 EMERGENCY SUPPLIES WAC 246-322-180 Patient Safety and Seclusion Care. (2) The licensee shall provide adequate emergency supplies and equipment, including airways, bag resuscitators, intravenous fluids, oxygen, sterile supplies, and other equipment identified in the policies and procedures, easily accessible to patient-care staff. This RULE: is not met as evidenced by: Based on observation, review of policies and procedures and interview, the hospital failed to ensure adequate emergency supplies were accessible for patient care. Findings 1. The hospital's policy and procedure titled, "Use and Care of Emergency Carts" (Reviewed 12/2014) stated, "All emergency carts will be stocked according to WAC standards for psychiatric facilities..." Also included in the document was the "The Emergency Cart Inventory Checklist" The check list included "Normal Saline 500 ml x3" [3 bags] as located	L1165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1165	Continued From Page 10 "inside the cart." 2. On 9/1/2015 at 11:20 AM during a tour of the Adult Psychiatric Unit (3 West) Surveyor #2 found an emergency cart without intravenous (IV) fluids. 3. During an interview on 9/1/2015 at 11:20 AM between Surveyor #2 and the Nurse Manager of the Adult Psychiatric Unit (Staff Member #10), s/he acknowledged that there were no IV fluids on the emergency cart per the facility standard. THIS IS A REPEAT CITATION VIOLATION - PREVIOUSLY CITED ON 10/8/2014.	L1165		
L1260	322-200.3E RECORDS-SIGNED ORDERS WAC 246-322-200 Clinical Records. (3) The licensee shall ensure prompt entry and filing of the following data into the clinical record for each period a patient receives inpatient or outpatient services: (e) Authenticated orders for: (i) Drugs or other therapies; (ii) Therapeutic diets; and (iii) Care and treatment, including standing medical orders used in the care and treatment of the patient, except standing medical emergency orders; This RULE: is not met as evidenced by: Based on interview, record review and review of hospital documents, the hospital failed to ensure prompt authentication of verbal orders for drugs and other patient care therapies for 3 of 7 records reviewed (Patient's #1, #2, #3).	L1260		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1260	Continued From Page 11 Findings: 1. The hospital's document titled "Rules and Regulations of the Medical Staff " (Effective Date: December 1, 2013) read in part as follows: "Orders must be complete, including the name of the Practitioner giving the order and the date, time, and justification for the order. An order shall be considered to be written if dictated by telephone to a licensed nurse or, in the case of an order for medication, either, to a licensed nurse or a licensed pharmacist, and signed within forty-eight (48) hours ..." 2. Review of 7 patient records revealed the following: a. Patient #1 was a 39 year old admitted on 4/29/2015 with a diagnosis of depression and anxiety, exhibiting suicidal ideation. A licensed provider entered an order for medication dated 5/4/2015 into the patient's medical record. The order was missing an entry time and provider signature. b. Patient #2 was a 77 year old admitted on 6/18/2015 with a diagnosis of left cerebral accident, atrial fibrillation and dementia. The patient's medical record revealed missing provider signatures on an admit order dated 6/18/2015, a psychiatric evaluation dated 6/19/2015 and a telephone order taken by a registered nurse, dated 6/18/2015. c. Patient #3 was a 71 year old admitted on 8/6/2015 with a diagnosis of depression, diabetes, atherosclerotic vascular disease and depression. A registered nurse (Staff Member #1) received admission orders over the telephone from a licensed provider (Staff Member #2) on 8/6/2015 at 8:40 PM. The telephone orders were entered	L1260		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1260	Continued From Page 12 into the patient's medical record and implemented The admission orders were missing the ordering provider's signature. 3. An interview with the hospital's Director of Health Information (Staff Member #3) and Surveyor #3 revealed incomplete entries are tagged and providers are notified by email or phone and instructed to complete entries. The director stated that most delinquent entries remain incomplete. He/she added the current process for incomplete medical record entries is in need of a change.	L1260		
L1315	322-200.4C RECORDS-AUTHENTICATION WAC 246-322-200 Clinical Records. (4) The licensee shall ensure each entry includes: (c) Authentication by the individual making the entry; This RULE: is not met as evidenced by: Based on review of policy and procedure and medical record review the hospital failed to ensure authentication of telephone verbal orders used to place patients in restraints. Findings 1. In review of the hospital's "Medication Management" Policy # 142 titled, "Physician's Order Form" on page 1, item 4.5 stated, "Authentication of all verbal physician orders shall be in compliance with CMS hospital standards of forty eight (48) hours. Physician signature is required to authenticate verbal orders." 2. Review of patient medical records identified the	L1315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1315	Continued From Page 13 following omissions: a. Patient #6 was a 48 year old female admitted on 4/9/2015 for treatment of schizophrenia and psychosis. A telephone order for mechanical restraint placement was obtained on 5/5/2015. The order was not authenticated on the date of chart review (9/3/2015). b. Patient #7 was a 21 year old female admitted on 8/13/15 for treatment of schizoid affective disorder. A telephone order for mechanical restraint placement was obtained on 8/14/2015. The order was not authenticated on the date of chart review (9/3/2015).	L1315		
L1485	322-230.1 FOOD SERVICE REGS WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service; This RULE: is not met as evidenced by: Based on observation, and document review, the facility failed to comply with chapters 246-215, Washington Administrative Code (WAC) for food service. Reference: "PDI Super Sani-Cloth Germicidal Disposable Wipes" directions for use stated in part, "disinfect nonfood contact surfaces only..." Findings: 1. On 9/1/2015 at 10:30 AM, Surveyor #1 observed a mental health technician (Staff Member #9) wiping down the interior of a	L1485		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1485	Continued From Page 14 refrigerator in the patient dining room area, using a sanitizer cloth that is not intended for food contact surfaces. Reference: Washington State Retail Food Code, WAC 246-215-07220 Chemicals-Sanitizer Criteria (2009 FDA Food Code 7-204.11). 2. On 9/1/2015 at 2:00 PM, Surveyor #1 observed an ice machine on the rehabilitation floor with algae growth in the dispenser nozzles and an accumulation of water not draining from the drip pan. Reference: Washington State Retail Food Code, WAC 246-215-04605(5)(d) surfaces of utensils and equipment contacting food that is not potentially hazardous food must be cleaned: In equipment such as ice bins and beverage dispensing nozzles and enclosed components of equipment such as ice makers...	L1485		
L1555	322-240.2 LAUNDRY-SEPARATE AREAS WAC 246-322-240 Laundry. The licensee shall provide: (2) Storage and sorting areas for soiled laundry in well-ventilated areas, separate from clean linen handling areas; This RULE: is not met as evidenced by: Based on observation the facility failed to provide ventilation in the soiled laundry utility closets and in the main soiled laundry room as required in the 246-322-240 (WAC) Washington Administrative Code. Findings:	L1555		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1555	Continued From Page 15 On 09/1/2015 between the hours of 10:30 AM to 11:30 AM, Surveyor #1 observed no ventilation in soiled laundry utility closets on the 1st floor south; on the 3rd floor west and in main soiled laundry room in the basement.	L1555		